



COMING HOME GUIDE

NHS continuing healthcare: when the NHS pays for care

A family guide

For England, with Wales, Scotland and Northern Ireland

Version 1 • October 2026. Next review: April 2027

About this guide

This guide is correct at October 2026, version 1. We've written it in good faith as general guidance to help carers and families. It isn't legal, financial or medical advice. Rules and rates change, so before you act, please make sure you have the latest version of this guide and look at the official sources: GOV.UK, Social Security Scotland, nidirect and your local council. To the extent the law allows, we can't accept liability for any errors or omissions, or for decisions made on the strength of this guide. In a medical emergency call 999. For urgent advice, contact NHS 111.

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How to use this guide

Version 1. October 2026. Next review: April 2027. Information read on 4 October 2026. We review this guide every April, and straight away if the law or the official guidance changes in any nation.

Who this guide is for: you, if someone you love has a lot of health needs and you've heard the NHS might pay for their care. It might be your mum or dad, your partner, a grandparent or a close friend, at home or in a care home. It explains NHS continuing healthcare in England: who can get it, the Checklist, the full assessment, fast track, the decision, reviews, and how to challenge a decision. Section 12 explains what happens in Wales, Scotland and Northern Ireland.

How to use it: read only the part you need. Sections 1 to 5 cover what continuing healthcare is, who can get it and how the assessments work. Section 6 helps you get ready. Sections 7 to 9 cover the decision, money and reviews. Sections 10 and 11 cover challenging a decision and care that should have been paid for in the past. Every fact has a source and a date, and the full list is in "Sources" at the back.

Guidance, not advice. This guide explains how continuing healthcare works, in plain words. It can't tell you whether the person you look after will be eligible. Only the integrated care board (ICB), working with the professionals who know them, can decide that. For advice about your own situation, talk to one of the free advice services in section 14.

If you're worried about their health, contact their GP or NHS 111. In an emergency call 999.

01

What NHS continuing healthcare is

NHS continuing healthcare (often called CHC) is a package of ongoing care that is arranged and paid for entirely by the NHS. It's for adults whose main need for care has been found to be a health need. The official term for this is a **primary health need** (DHSC, *National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care*, July 2022 (revised)).

If someone is eligible, the NHS pays for all the care and support the assessment shows they need. At home, that includes personal care such as help with washing and dressing. In a care home, the NHS also pays the accommodation and food (National Framework, pages 9 and 10). It isn't means tested, so their savings, income and home don't affect it (NHS, *NHS continuing healthcare*, reviewed 11 Apr 2024).

In England, the local **integrated care board** (ICB) makes the decision and arranges the care. ICBs are the NHS bodies that plan and pay for local health services.

It's different from council care. Care from the council is means tested, and many families pay towards it. See [our guide to arranging care, section 7](#). Continuing healthcare is free, because it's NHS care.

02

Who can get it



Continuing healthcare depends on **needs**, not on a particular condition. The National Framework says eligibility isn't decided by a particular condition, by who gives the care, or by where the person lives (National Framework, page 9). Someone with dementia, a stroke, a neurological condition or frailty in old age might be eligible, and someone else with the same condition might not.

To be eligible, the person must be:

- aged 18 or over
- assessed as having a primary health need, using the national process in sections 3 and 4

It can be given **anywhere**: in their own home, a relative's home, a care home or a hospice (NHS, NHS continuing healthcare).

Children and young people have a separate process called **children and young people's continuing care**, with its own national framework ([DHSC, Children and young people's continuing care national framework, January 2016](#)). This guide is about adults.

03

The Checklist

Most people start with the **Checklist**. It's a short form. It doesn't decide eligibility. It only shows whether someone should have a full assessment (National Framework, page 40).

Who fills it in. A nurse, doctor, social worker or other trained professional. You can ask for one if you think the person you look after might be eligible. Ask their GP, the community nursing team, the council's adult social care team, or the ward if they're in hospital (NHS, NHS continuing healthcare).

What it looks at. The Checklist covers 11 areas of need, such as breathing, eating and drinking, continence, skin, mobility, communication, memory and understanding, behaviour, and medicines. Each area is scored A, B or C. The threshold for a full assessment is set deliberately low, so that people who need a full assessment aren't missed (National Framework, pages 40 and 41).

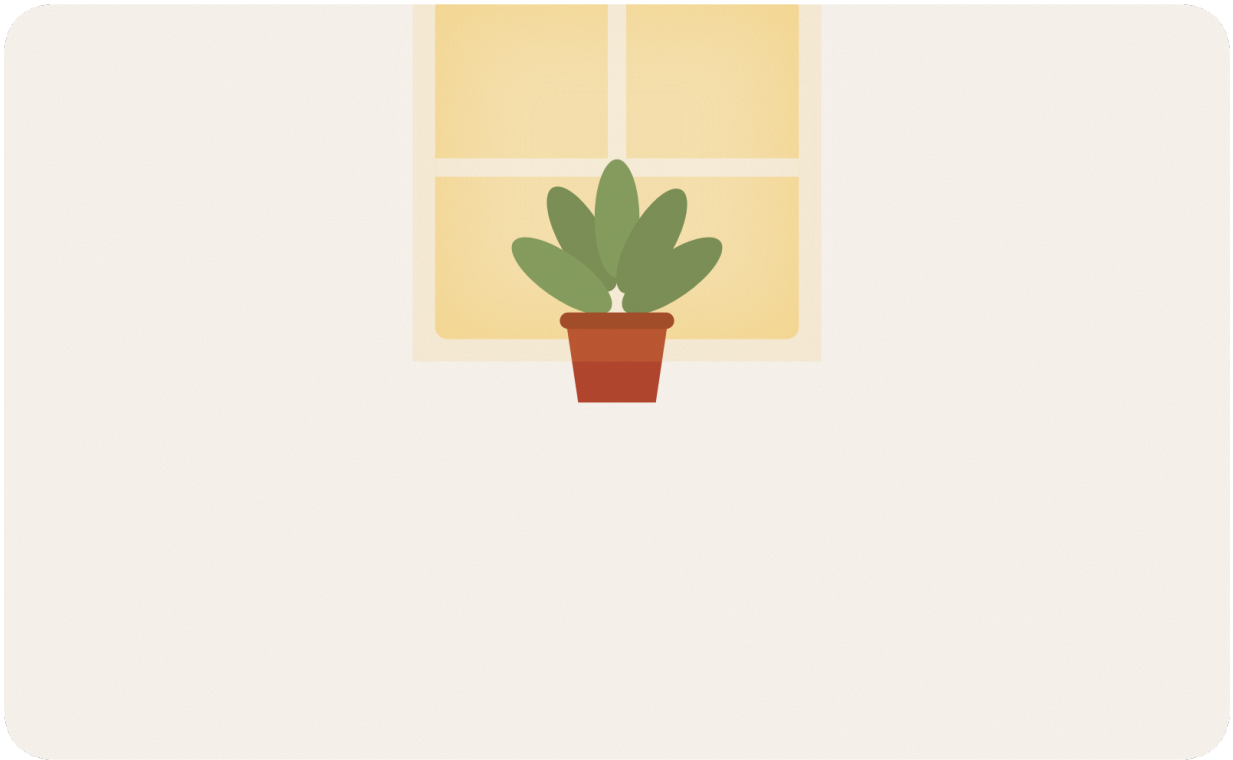
When. The Framework says the Checklist should be done at the right time and in the right place, and in most cases that's not in an acute hospital ward. Most assessments should happen after someone has left hospital, once their needs are clearer (National Framework, pages 36 and 40).

The result. You should be told the outcome in writing, with the reasons and a copy of the Checklist (National Framework, page 43).

- **Positive Checklist:** they go on to a full assessment (section 4). A positive Checklist doesn't mean they're eligible.

- **Negative Checklist:** they won't have a full assessment for now. You can ask the ICB to think again, and it should reply in writing. You can also complain through the NHS complaints procedure (National Framework, page 43). If their needs change, you can ask for a new Checklist.

While you wait. Any care already in place, however it's paid for, should carry on until the ICB makes its decision (National Framework, page 44).



04

The full assessment and the Decision Support Tool



Who does it

The full assessment is done by a **multidisciplinary team** (MDT) of at least two professionals from different health and care backgrounds, such as a nurse and a social worker (National Framework, pages 45 and 46). The ICB should name a **care coordinator** to manage the process and keep you informed (National Framework, page 44).

The person should be at the centre of it. Their own view of their needs must be given proper weight, and family and carers should be invited to take part if the person agrees, or if it's in their best interests (National Framework, pages 45 and 46). You can ask for the meeting at a time and place you can attend.

The Decision Support Tool

The team uses the **Decision Support Tool (DST)**. It records the person's needs in 12 areas, called domains (National Framework, pages 48 to 50):

- breathing
- nutrition (eating and drinking)
- continence
- skin, including wounds and ulcers
- mobility
- communication
- psychological and emotional needs
- cognition (memory and understanding)
- behaviour
- drug therapies and medication
- altered states of consciousness
- other significant care needs

Each need is given a level, from **no needs** up to the highest level, which is called **priority**. The NHS says that if someone has at least one need at priority level, or needs at the next level down in at least two areas, they can usually expect to be eligible. They might also be eligible with a mix of other needs, depending on their nature, intensity, complexity or unpredictability (NHS, NHS continuing healthcare).

What the team looks at

The DST is a way of gathering evidence. It isn't a scoring sheet. The team then looks at the whole picture of the person's needs (National Framework, pages 51 to 53):

- **Nature:** what the needs are and the effect they have
- **Intensity:** how much care is needed, how often and for how long
- **Complexity:** how the needs affect each other, and the skill needed to meet them
- **Unpredictability:** how hard it is to plan for changes in their needs

Any one of these on its own can be enough to show a primary health need (National Framework, page 53).

Needs that are well managed still count. The Framework says needs that are being met well by good care are still needs. They shouldn't be scored lower because the care is working (National Framework, page 51).

The recommendation and the decision

The team makes a recommendation to the ICB about eligibility. The ICB should only go against it in exceptional circumstances, and must say why (National Framework, page 54). The Framework says the decision isn't about the ICB's budget. Finance staff shouldn't be part of the decision (National Framework, page 54).

How long it takes. The ICB should normally decide within **28 days** of getting a positive Checklist or a request for a full assessment (National Framework, page 55). If it takes longer without good reason and the person is found eligible, the ICB should refund care costs from day 29 until the decision (NHS, NHS continuing healthcare).

05

Fast track

The **fast track pathway** is for someone whose condition is getting worse quickly and who may be entering the last stage of their life. It skips the Checklist and the full assessment (National Framework, pages 77 to 80).

- An appropriate clinician, such as a doctor or nurse involved in their care, completes the Fast Track Pathway Tool and sends it to the ICB.
- The ICB must accept it and act straight away (National Framework, pages 77 and 78).
- The NHS says a care package should be in place as soon as possible, usually within **48 hours** (NHS, NHS continuing healthcare).

Fast track care can be at home, in a care home or in a hospice. Ask the ward, the GP, the district nurses or the hospice team about it.

Fast track care is reviewed later. The Framework says reviews must be handled sensitively, and funding can't be removed without a full assessment using the DST (National Framework, page 80).

Our [end of life guide, section 4](#) explains care at home in the last months of life.

06

Getting ready and taking part



Before the assessment

- **Keep a diary.** For a week or two, write down what care is needed and when, including at night. Note anything unpredictable, like a sudden change in breathing, a fall or a difficult night. The Framework says the team can ask for a diary of needs (National Framework, page 51).
- **Collect evidence.** Letters from consultants, care home records, district nurse notes and care plans all help. Ask the care coordinator which records the team will have.
- **Think about the four questions** in section 4: nature, intensity, complexity and unpredictability. Write a few examples for each.
- **Say how things really are.** Describe a hard day, not a good one. If care is working well, say what happens without it.

On the day

- Ask for a copy of the completed DST and the recommendation.
- If something is missing or wrong, say so, and ask for your view to be written in the DST. The Framework says disagreements should be recorded (National Framework, page 53).
- You can bring someone with you.

Consent and mental capacity

The NHS says consent isn't needed to carry out the assessments themselves. Consent is needed to share personal information from the assessments with family, friends or representatives (NHS, NHS continuing healthcare). If the person can't decide this for themselves, the team follows the Mental Capacity Act 2005 and acts in their best interests.

If they have a health and welfare lasting power of attorney, the attorney can take part on their behalf. See [our guide to power of attorney, section 1](#).

An advocate

If the person has no one to support them, they may be able to have an independent advocate, including an Independent Mental Capacity Advocate in some cases (National Framework, pages 93 and 94). Ask the care coordinator.

07

The decision and what happens next



If they're eligible

The ICB works with the person and family to agree a **care plan** and arrange the care (National Framework, pages 57 to 60).

- **At home.** Care can be arranged at home, including complex care. The person can also ask for a **personal health budget**, which gives more choice over how the NHS money is spent. See [our guide to personal health budgets](#).
- **Cost.** The ICB can take cost into account. It must compare genuine costs, and weigh them against things like the person's wish to stay living with family (National Framework, page 59).
- **Family help.** The ICB can ask whether family want to help with care, but no pressure should be put on them to do so (National Framework, page 59).
- **No payments.** The person can't be asked to pay towards the care they've been assessed as needing (National Framework, page 59).

Care homes and fees

- **No top-ups.** Unlike council care, a continuing healthcare package can't be topped up with family money. The only exception is extra private services on top of the assessed care, such as hairdressing, provided separately (NHS, NHS continuing healthcare; National Framework, pages 91 and 92).
- **A home that costs more than the ICB usually pays.** The ICB may propose a move to a different home. It should explain this in writing, with reasons, and take into account the effect a move would have on the person (National Framework, pages 92 and 93; NHS, NHS continuing healthcare). If you're worried about a move, say so in writing and ask for an advocate.

If they're not eligible

They may still get NHS help:

- **A joint package.** The NHS can pay for some health needs while the council arranges the rest of the care, at home or in a care home (National Framework, page 88).
- **NHS-funded nursing care.** If they live in a care home with nursing, the NHS pays a weekly amount towards their nursing care, whoever pays the rest. From 1 April 2026 it's **£267.68 a week**, or £368.24 for a small group on the old higher band ([GOV.UK, Better community care thanks to nursing funding boost, 9 Mar 2026](#); NHS, NHS-funded nursing care).
- **A council needs assessment.** The council looks at their care needs and what it can arrange, after a financial assessment. See [our guide to arranging care, section 2](#).

If you disagree with the decision, see section 10.

08

Money and benefits

Continuing healthcare isn't means tested and isn't a benefit. It doesn't affect State Pension (Age UK, Factsheet 20, July 2026). It can change other benefits, depending on where the person lives ([Age UK, Factsheet 20: NHS continuing healthcare and NHS-funded nursing care, July 2026](#)):

- **At home:** benefits such as Attendance Allowance, Personal Independence Payment (PIP) and Disability Living Allowance usually carry on.
- **In a care home with nursing:** Attendance Allowance, and both parts of PIP or Disability Living Allowance, stop after 28 days.
- **In a care home without nursing:** Attendance Allowance and the care part of PIP or Disability Living Allowance stop after 28 days. The mobility part carries on.

If their disability benefit ends, it can affect other money too. For example, Pension Credit can lose the severe disability addition (Age UK, Factsheet 20). Carer's Allowance depends on the person you care for getting a qualifying disability benefit, so yours could end too ([GOV.UK, Carer's Allowance: eligibility](#)). Tell the Department for Work and Pensions (DWP) about the change, and ask a free advice service in section 14 about your own situation. See [our guide to Carer's Allowance](#).

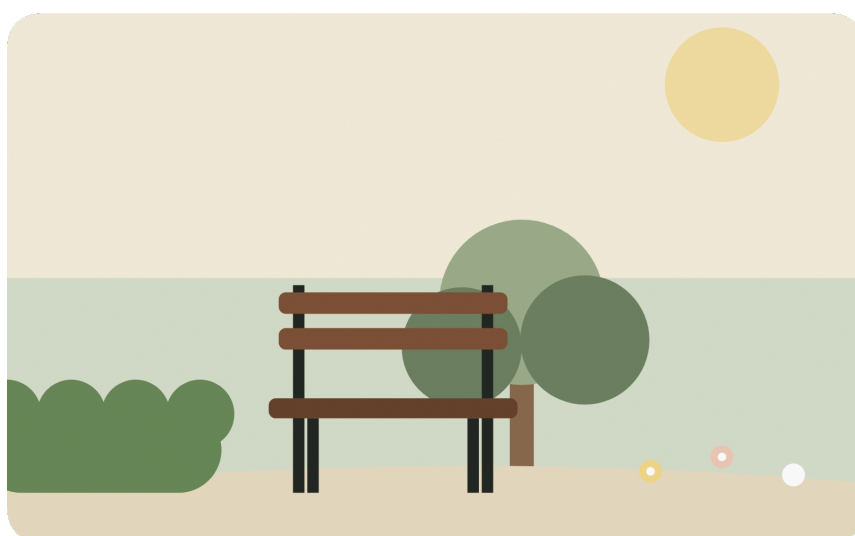
09

Reviews

The NHS says a care package is normally reviewed within **3 months**, then at least once a year (NHS, NHS continuing healthcare; National Framework, page 61). The review looks at whether the care still meets their needs and, if needs have changed, whether they're still eligible.

- Needs that are well managed because the care is working are still needs (National Framework, page 62).
- Neither the ICB nor the council should stop paying for existing care until there's been a proper reassessment, and new arrangements are in place (National Framework, page 62).
- Any decision that they're no longer eligible should be explained in writing. You can challenge it in the same way as a first decision (section 10).

Keep the diary going between reviews. It shows how needs change over time.



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Challenging a decision



You can challenge a decision about **eligibility**, or about how the process was followed. There are three steps in England. The time limits below come from Age UK's factsheet, so ask the ICB to confirm the limit in its own decision letter (Age UK, Factsheet 20).

Step 1: ask the ICB to review it (local resolution)

Write to the ICB within **6 months** of the written decision. Say why you disagree, using the DST domains and your evidence. The ICB should acknowledge your request within 5 working days (Age UK, Factsheet 20). Local resolution usually starts informally, and can include a meeting to go through the decision with you (National Framework, page 67).

Step 2: an independent review by NHS England

If you're still unhappy, ask NHS England for an **independent review** within **6 months** of the ICB's local resolution decision (Age UK, Factsheet 20).

- NHS England may convene an **independent review panel**, with an independent chair and representatives of an ICB and a council. The panel makes a recommendation. It's advisory, but ICBs accept it in all but exceptional cases (National Framework, pages 68 to 70).
- You don't need a lawyer (National Framework, page 69).

- NHS England may decide not to convene a panel, for example if the case is outside the process. It should explain why ([NHS England, NHS continuing healthcare independent review process](#)).
- NHS England's guide says to return the application form within 6 weeks, and the process typically takes 3 to 6 months (NHS England, independent review process).

Step 3: the ombudsman

If you're unhappy with how NHS England or the ICB handled things, you can go to the **Public Service Ombudsman** (called the Parliamentary and Health Service Ombudsman until 1 October 2026) ([Public Service Ombudsman, read 4 Oct 2026](#)). Age UK says to contact the ombudsman within 12 months (Age UK, Factsheet 20).

What the independent review can't look at

The review is about eligibility and process. It can't look at what's in the care package, or at the national eligibility criteria themselves (NHS England, independent review process). For problems with the care itself, use the NHS complaints procedure ([NHS England, Feedback and complaints](#)).

If the decision changes

If a "not eligible" decision is overturned, Age UK says the ICB should refund care costs paid since that decision (Age UK, Factsheet 20). Keep receipts and invoices.

11

Care that should have been paid for

If someone paid for care in the past but should have been considered for continuing healthcare and wasn't, the family can ask the ICB to look at it. This is called a **previously unassessed period of care** (DHSC and NHS England, NHS continuing healthcare: previously unassessed periods of care, updated 19 Mar 2025).

- It's usually only for care from **1 April 2012** onwards (DHSC and NHS England, previously unassessed periods of care; NHS, NHS continuing healthcare).
- Contact the ICB where the person lived at the time. You'll be sent a form, which you return within 28 days (DHSC and NHS England, previously unassessed periods of care).
- Age UK says the ICB should normally finish its review within 6 months if the period is a year or less, or 12 months if it's longer (Age UK, Factsheet 20).
- If the ICB decides they were eligible, it should repay the care costs so the person is back where they would have been. If you're asking for a relative who has died, the ICB may ask for evidence that you're entitled to any money repaid (Age UK, Factsheet 20).

The ICB looks at the records from the time, so gather what you can: care home invoices, care plans, GP and hospital letters.

12

Across the four nations



Wales

Wales has **Continuing NHS Healthcare**, with its own national framework. The local health board makes the decision ([Welsh Government, Continuing NHS Healthcare: the National Framework for Implementation in Wales, updated 27 Mar 2026](#)). The Welsh Government's booklet for people found not eligible says ([Welsh Government, Continuing NHS Healthcare: what happens if I'm not eligible?, updated 21 Sep 2026](#)):

- tell the health board within 28 days that you want to appeal, and send your written appeal within 6 months
- the health board reviews it locally, then it can go to an independent review panel
- after that, you can go to the Public Services Ombudsman for Wales
- claims for past care should be made within 12 months of the end of the period

Since 1 April 2026, adults eligible in Wales can ask the health board for a **direct payment** (see [our guide to personal health budgets, section 12](#)).

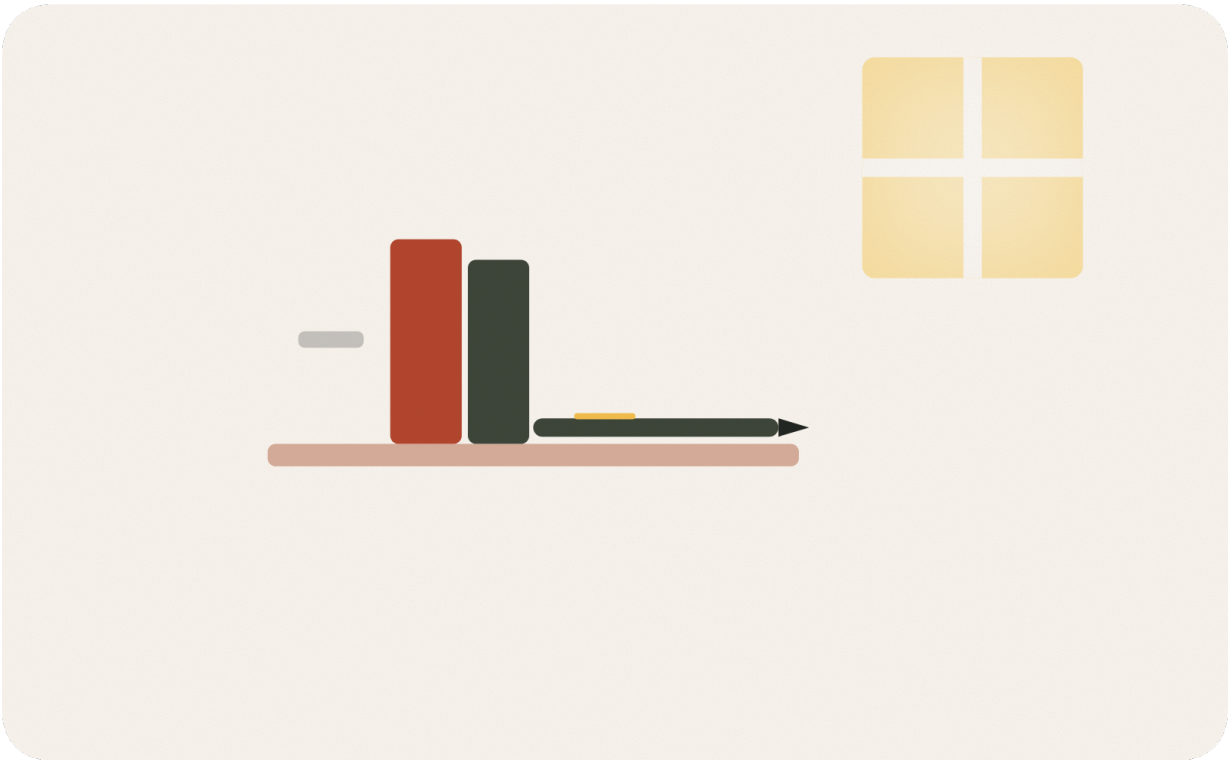
Scotland

Scotland doesn't have continuing healthcare. It was replaced from 1 June 2015 by **Hospital Based Complex Clinical Care**. It asks one question: can the person's care needs be properly met in any setting other than a hospital? A consultant makes the decision with the team. If the answer is yes, they're discharged, and care outside hospital is arranged by the council and may be charged for ([Care Information Scotland, Hospital based complex care, read 4 Oct 2026](#)). If you disagree, use the NHS board's complaints procedure, then the Scottish Public Services Ombudsman.

Northern Ireland

Northern Ireland uses a similar single question. Since 11 February 2021, the Department of Health has asked whether someone's care needs can be properly met in any setting other than a hospital ([Department of Health, Guidance on charging for residential accommodation, updated 11 Mar 2025](#)). nidirect says that in a nursing home the Trust pays £100 a week towards the nursing part of the fees, and some people have their care fully paid, which it calls "continuing health care" ([nidirect, Types of residential care and nursing home, read 4 Oct 2026](#)). Ask the Trust's social worker. If a complaint isn't sorted out, go to the Northern Ireland Public Services Ombudsman.

	England	Wales	Scotland	Northern Ireland
Name	NHS continuing healthcare	Continuing NHS Healthcare	Replaced in 2015 by hospital-based care	No scheme like England's
Who decides	Integrated care board	Local health board	Consultant and hospital team	Health and Social Care Trust
Test	Primary health need	Primary health need	Can needs be met outside hospital?	Can needs be met outside hospital?
Final complaint	Public Service Ombudsman	Public Services Ombudsman for Wales	Scottish Public Services Ombudsman	NI Public Services Ombudsman



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How Coming Home can help



Coming Home: Family Care is an iPhone app for families looking after someone. It's coming soon. It helps you organise. It isn't financial, legal or medical advice, and it doesn't replace the NHS team, the ICB or the care coordinator.

The care circle brings the family, friends and neighbours who help into one place, with shared notes, tasks and a calendar.

The family care diary helps you note what care was needed and when, which can help at an assessment or a review.

To hear when Coming Home is ready, join the waitlist:

www.cominghomecare.app/?ref=guide-chc

Built by people who know home care.

14

Who to call



- **The care coordinator or the ICB.** For questions about an assessment or a decision. The decision letter has the contact details.
- **Carers UK Helpline:** 0808 808 7777, for carers in all four nations ([Carers UK, Helpline and other support](#)).
- **Age UK Advice Line:** 0800 678 1602, for England ([Age UK, Advice Line](#)). Age Cymru, Age Scotland and Age NI give advice in the other nations.
- **Independent Age Helpline:** 0800 319 6789 ([Independent Age, Contact the Helpline](#)).
- **Beacon:** 0345 548 0300 (costs the same as a local call). The NHS website lists Beacon for free, independent advice on NHS continuing healthcare. Ask for its free advice ([NHS, NHS continuing healthcare, reviewed 11 Apr 2024](#)).
- **Public Service Ombudsman:** 0345 015 4033 ([Public Service Ombudsman](#)).

If you're worried about their health, contact their GP or NHS 111. In an emergency call 999.

15

Sources

All read on 4 October 2026 unless another date is given. Dates in brackets are the page's own published, updated or reviewed date.

England: law and guidance

- DHSC, National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (July 2022, revised), pages 9, 10, 36, 40 to 46, 48 to 62, 67 to 70, 77 to 80, 85, 88, 91 to 94: www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care
- DHSC, Children and young people's continuing care national framework (January 2016): www.gov.uk/government/publications/children-and-young-peoples-continuing-care-national-framework
- DHSC and NHS England, NHS continuing healthcare: previously unassessed periods of care (published 14 Dec 2023, updated 19 Mar 2025): www.gov.uk/government/publications/continuing-healthcare-previously-unassessed-periods-of-care
- NHS England, NHS continuing healthcare independent review process: www.england.nhs.uk/wp-content/uploads/2020/03/nhs-continuing-healthcare-independent-review-process.pdf
- NHS England, Continuing healthcare independent review panels: www.england.nhs.uk/continuing-health-care-independent-review-panels/
- NHS England, Feedback and complaints: www.england.nhs.uk/contact-us/feedback-and-complaints/complaint/
- GOV.UK, Carer's Allowance: eligibility: www.gov.uk/carers-allowance/eligibility

- GOV.UK, Better community care thanks to nursing funding boost (9 Mar 2026): www.gov.uk/government/news/better-community-care-thanks-to-nursing-funding-boost

England: NHS pages and advice

- NHS, NHS continuing healthcare (reviewed 11 Apr 2024): www.nhs.uk/social-care-and-support/money-work-and-benefits/nhs-continuing-healthcare/
- NHS, NHS-funded nursing care: www.nhs.uk/social-care-and-support/money-work-and-benefits/nhs-funded-nursing-care/
- Age UK, Factsheet 20: NHS continuing healthcare and NHS-funded nursing care (July 2026): www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs20_nhs_continuing_healthcare_and_nhs-funded_nursing_care_fcs.pdf
- Public Service Ombudsman (formerly the Parliamentary and Health Service Ombudsman; new name from 1 Oct 2026): www.ombudsman.org.uk/

Wales, Scotland and Northern Ireland

- Welsh Government, Continuing NHS Healthcare: the National Framework for Implementation in Wales (framework 2021, revised March 2022; page updated 27 Mar 2026): www.gov.wales/national-framework-continuing-nhs-healthcare
- Welsh Government, Continuing NHS Healthcare: what happens if I'm not eligible? (first published 10 Aug 2022, updated 21 Sep 2026): www.gov.wales/continuing-nhs-healthcare-what-happens-if-im-not-eligible-html
- Care Information Scotland, Hospital based complex care: www.careinfoscotland.scot/topics/how-to-get-social-care-support/hospital-based-complex-clinical-care/
- Department of Health (Northern Ireland), Guidance on charging for residential accommodation, including Circular HSC (ECCU) 1/2021 (page updated 11 Mar 2025): www.health-ni.gov.uk/publications/guidance-charging-residential-accommodation
- nidirect, Types of residential care and nursing home: www.nidirect.gov.uk/articles/types-residential-care-and-nursing-home

- Scottish Public Services Ombudsman: www.spsso.org.uk/
- Public Services Ombudsman for Wales: www.ombudsman.wales/
- Northern Ireland Public Services Ombudsman: www.nipso.org.uk/

Helplines

- Carers UK, Helpline and other support:
www.carersuk.org/help-and-advice/helpline-and-other-support/
- Age UK Advice Line: www.ageuk.org.uk/services/age-uk-advice-line/
- Independent Age, Contact the Helpline:
www.independentage.org/get-advice/helpline

16

Changelog

Version	Date	What changed	Why
1	October 2026	First published	Information read on 4 October 2026

The next review is due in April 2027, or straight away if the law or guidance changes. The latest version is always at

www.cominghomecare.app/guides/nhs-continuing-healthcare



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This edition

Version	1
Published	October 2026
Next review	April 2027



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